
SPECIFYING A MODEL FOR SELF – STUDY

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Annotation. Gross mode, the promotion of self-care obeys the guidelines of international organizations that seek to reduce social spending in medical care, but with the emphasis on personal responsibility. The objective of the present work is to discuss this formula, establishing a model for the study of the phenomenon. A documentary work was done with a non - probabilistic selection of sources

indexed to national repositories, considering list publication, and the inclusion of concepts "health policy", "health care programs", "prevention strategies" and "self-care". There are lines of investigation concerning the extension of the model.

Keywords: governance, health, disease, parasite, intervention.

INTRODUCTION

The **objective** of the present work was to specify a model for the study of self-care, considering that it is a post-diagnosis phase in which family, social and biomedical support is oriented towards adherence to treatment, rehabilitation and patient insertion to the economic, political and social spheres after having overcome the disease or the accident that inhibited such process.

The promotion of self-care, for the **purposes** of this work, refers to a co-management system of health services aimed at the prevention of illnesses and accidents in the workplace, educational or family. It is a process of establishing priorities in the personal agenda, although with a view to collective or environmental public health (Bautista et al., 2016).

However, the promotion of self-care is distinguished by the degree of interdependence among the actors involved in the construction of a community, public and collective agenda. Unlike prevention programs and medical care strategies, the promotion of self-care implies a degree of entrepreneurship in which access and information processing is fundamental (Carreón et al., 2015).

This supposes differences between those who are influenced by prevention campaigns and those who assume criteria of choice oriented towards the construction of a favorable environment for their health and that of their peers. This is the case of civil organizations dedicated to the observation of the quality of health services, but also those aimed at the construction of a system for the dissemination and transfer of knowledge in order to prevent the monopoly of medicines, or the management of medical units or specialized centers in strategic areas (Carreón et al., 2016).

In this way, self-care, within the framework of co-governments, involves the construction of a public health system guided by a constant dialogue between users and authorities, but without excluding the specialized participation of experts and medical organizations that not only affect the health policies but, in local and community lifestyles (Carreón et al., 2017).

Precisely, in the case of dermatological health, the prevention of diseases involves the collaboration of specialists, civil society and authorities in order to generate a campaign and

dissemination of hygienic lifestyles, as well as immediate attention to local root problems. It is a system of co-government, governance or consensual management of financial resources and health professionals (García, Carreón and Hernández, 2014).

The governance of dermatological health is a line of **research** that is part of the Division of Social Sciences, discipline of Social Work, area of specialization in adherence to the treatment of diseases and the prevention of accidents, although also the disciplines of sociology, administration, nursing, anthropology and psychology, which are participants in the diagnosis, intervention and evaluation as central axes of the public health agenda with emphasis on the prevention of health risks and the promotion of health and self-care (Delgado, Méndez, Morales, García, Mendoza and Vilchis, 2018).

THEORY OF SELF-CARE

The theoretical frameworks that explain the promotion of self-care are: 1) theory of social reliability, 2) theory of the establishment of the agenda, 3) theory of institutional co-responsibility (García, 2018).

The promotion of self-care, in the context of the three theoretical approaches, is the result of the guidelines of the Earth Summits on the effects of climate change on environmental public health, although the degree of participation of civil society establishes differences between the approaches when explaining the balance between environmental challenges and opportunities and the personal, group or collective capacities to respond to these external requirements (García, Carreón and Bustos, 2017).

Thus, the promotion of self-care refers to a hopelessness, according to the theory of social reliability, which warns that in the face of an environmental contingency, citizens assume the role of victim and delegate their health to their authorities. In this sense, social reliability emerges as a guiding axis of civil life styles, indicating the control of government in private life with respect to public health, as would be the case of dermatological diseases whose epidemic outbreaks can reach vulnerable sectors (García et al., 2016).

If the social reliability is indicated by the control of a pandemic, then the promotion of self-care will consist in the civil protection of the violated groups such as children, women and the elderly, but if this social reliability is accentuated in electoral contests, then it will be extended to all the sectors through proselytism and political campaigns (García, Carreón and Hernández, 2017).

It is a phenomenon known as the establishment of an electoral political agenda, which explains the transition from an epidemic to a health promotion based on political leadership, candidacies, parties and government systems. In other words, an increase in defense lessens not only generates greater reliability, but also intensifies electoral contests that are no longer centered on problems of employment but on health (Bautista et al., 2016).

In such scenario of setting an agenda, the differences between authorities, experts and citizens are exacerbated since each actor develops speeches that exclude their counterparts and interlocutors. This is because health problems tend to be represented according to the information available about an epidemic or pandemic (Carreón et al., 2017).

Once the phenomenon has been mediated, prevention programs and strategies depend on the bias of the media when disseminating the information since, an abstract diffusion generates disinterest and a simplistic diffusion causes distrust, the media are now responsible for the preventive actions, recommendations to contain the disease, or changes in lifestyles needed to eradicate the epidemic or pandemic (García, Carreón and Hernández, 2017).

Well, in a setting of agenda setting, experts are limited to guide the public, the rulers are exposed to media judgment and civil society is defenseless before the interests of the media in reducing or intensifying information concerning the epidemic (García, Carreón and Hernández, 2017).

In such a scenario, socio-political co-responsibility is necessary, which alludes to lifestyles and communication according to the prevention of diseases, but also to first aid to reduce the spread of the disease. It is in this context that the promotion of self-care acquires more meaning because it is a propaganda that is not always consistent with the media diffusion, which almost always consists in the discrediting of the authorities and the provocation of civil despair (García et al., 2016).

If the theory of social reliability explains a high degree of defenselessness and distrust of society towards its rulers, the theory of setting the agenda exacerbates this distrust by showing that the authorities have priorities different from those of civil protection, but it is the theory of co-responsibility that will end up suggesting that the actors are participants in the construction of a public health system (Carreón et al., 2015).

Unlike the theory of social reliability that highlights the emergence of a sector in favor of the government in terms of health policy, the theory of co-responsibility focuses on observing opportunities and their relationship with the capacities of the actors. In a context of epidemic

or pandemic, co-responsibility implies self-care to avoid contagion and the spread of the disease (Carreón et al., 2016).

While the agenda-setting theory focuses its interest on observing the effect of intensive media diffusion, the theory of co-responsibility warns that knowledge cannot be disseminated in the media and, in any case, should be produced by experts and not by communicators, announcers, journalists or columnists (Carreón et al., 2017).

Precisely, the responsible dissemination of information would not be possible to observe in communication professionals, but in health professionals who, in any case, would use the means to guide the strategy of civil protection or collective action (García, Carreón and Hernández, 2017).

SELF-CARE STUDIES

Table 1 shows the Social Work studies of dermatological health show that prevention is a low cost factor with respect to the treatment of a disease acquired by parasite contamination (Jan, Khan, Khan and Shan, 2018).

Table 1. Self-care studies

<i>Year</i>	<i>Author</i>	<i>Results</i>
1987	Lara	He demonstrated differences between men and women regarding induced abortion. 50 percent of women and 18 percent of men accepted induced abortive practice. He also found significant differences with respect to the scope of work.
1998	Cabezas et al.,	They established significant differences between sociodemographic characteristics and induced abortion. Regarding age, they found differences between women under 20 years of age, between 20 and 25 years old and over 25 years old with respect to induced abortion. Around the level of studies, they established significant differences between those who finished primary, secondary, and preparatory and university with respect to induced abortion. The marital status also showed significant differences between married, single and in free union with respect to induced abortion. Regarding the occupation, significant differences were also found among those who are professionals, workers, students or housewives around the abortion practiced. Finally, the age at the time of having a sexual relationship; less than 20, between 20 and 24 and more than 24 years, also influenced abortion practice. Only in the type of race; White, black and mestizo did not observe significant differences.
1999	Sánchez, Jiménez and Merino	They found a positive attitude towards assisted legal abortion and the practice of abortion induced or assisted by medical personnel of some institution or health unit. They established significant differences by knowledge disciplines with respect to induced abortive practice.
2000	Galvao	They found that 75.4 percent of medical personnel prescribed an emergency contraception method in the sample of specialists surveyed. 42.8 prescribed the emergency contraception pill at risk.
2000	González	Mainly, induced abortion is carried out in socioeconomically vulnerable, marginal or excluded places in which the youngest or adolescent population presents a higher rate in comparison with the other economic strata and populations. Regarding knowledge and attitudes towards induced abortive practice, there is a

		conservative tendency regarding the responsibility of performing an abortion. In this sense, the economic situation and the conjugal or family pressure are determinants of induced abortion.
2000	Ramírez	He found that 22 percent of men surveyed considered abortion an essential issue of sexuality. In contrast, 77 percent of women identified abortion as the main problem around their sexuality.
2001	Castro	They found that 8 percent of the sample surveyed did not know the methods of emergency contraception, 84.9 percent declared hormonal treatments, 69.7 percent cited vomiting as a side effect, 49.6 percent stated that if contraception was requested by minors They should be accompanied by some older relative.
2003	García, Lara and Goldman	They found that 54 percent of the sample surveyed believe that women's opinions should be heard around induced abortive practice. 34 percent believe that women abort as irresponsible, 56 percent believe that health institutions should offer abortion care until the first trimester of pregnancy. Finally, 85 percent believe that induced abortion is justified if the woman is at great health risk.
2007	Salazar	He found that attitudes toward abortion are semi-liberal with 66.2 percent, a semi-conservative attitude of 26.2 percent. On average, the sample had its first sexual experience at the age of 19 years in which they believe they prefer to use a condom to avoid unwanted pregnancies.
2008	Tapia, Villaseñor and Nuño	They found a favorable attitude toward emergency contraception. 95 percent of the sample reported having heard the method of emergency contraception and 80 percent considered it an appropriate method. 95% said they had heard about Emergency Contraception, 80% considered pills as a planning method, women had greater reasons to avoid an unwanted pregnancy in reference to men.
2008	Tavara and Sacsá	They established significant differences between sociodemographic characteristics and knowledge about induced abortion. Age, marital status and work experience were statistically significant in relation to induced abortive knowledge. Uterine curettage was the abortion technique and method mostly mentioned in the interviews.
2009	Calderón and Alzamora	46% of couples in pregnancy acknowledged that their relationship became annoying after the positive pregnancy test, 15.5% separated and only 2.6% formalized their relationship. They found a direct relationship between liquor consumption among the friendships of women who had abortions. 65 percent of the sample of abortive women had a friendship that frequently consumed alcohol and 41 percent of married women had a friendship that frequently consumed alcohol.
2009	Chávez, Petrzalova and Zapata	They demonstrated the unfavorable attitude towards the abortive practice as a consequence of the first sexual intercourse and the consequent unwanted pregnancy. About 26 percent of the sample surveyed stated using an instrument or device to prevent pregnancy. 70% received information from their relatives, 97% knew about condoms, 89% had information about sexually transmitted diseases, 51% considered homosexual relationships as abnormal, 41% established the age of majority as ideal to initiate a sex life, 18% said they would start their sexual relations after marriage, but 18% had their first relationship at 16 years, 25% admitted being pressured by their friends to have sex, 31% said that their parents would see the one who had sex, 49% indicated that they would respect the rules on sexuality of their parents, 38% considered that they could get pregnant in their first sexual relationship, 18% had sexual relations under the influence of alcohol.
2010	Fernández et al.,	They found that the age range in which most abortions are performed is 19 percent for the sample between 26 and 30 years. Sixteen percent are forced to abort due to pressure from their partner, family or low economic situation. Only in those cases in which abortion involves a danger of death or post-traumatic disorder, the decision is justifiable
2010	Klaus, Piñeres and Hincapié	The objective of the investigations was to establish the key points of his inner life. In this sense, the victims are considered in a state of "sin" and not of exploitation or defenselessness. .
2010	Obeichina et al.,	In contrast, the request for termination of pregnancy due to irresponsibility or contraceptive incompetence is stigmatized. In this sense, there are inherent depressive states derived from the decision or the abortive practice in women with a subscribed commitment

2010	Oduwale	As the commitment with your partner continues, the choice of partner is more evident about the impersonal or unilateral intentions
2010	Sultán and Malik	In this regard, studies on knowledge and attitudes regarding the use of contraceptive devices by health personnel are significantly different from public opinion. Insufficient knowledge propitiated by high misinformation and negative attitudes. That is why they were related to knowledge. However, the awareness of contraception through the use of pills is very high.
2011	Aramayo	Sexual abuse in early childhood affected adult sexuality. The replica of the sexual experiences of the past in the present. The relationship between aggressors and victims was explained from the sexual experiences of the past.
2011	Castillo and Chinchilla	The majority of victims are girls or adolescents between 14 and 17 years old, around 35% have been sexually abused and 40% are mothers.
2011	Desta and Ragassa	In the private sphere, research has found ambivalent representations: opinion in favor of the decriminalization of abortion and against abortive practice through inadequate use of contraceptives
2011	Lanre	They established differences between attitudes toward abortion with respect to the condition of the mother in reference to the baby. Legalization was considered as a measure of prevention in the face of the increase in clandestine abortion practice.
2011	Mardones and Guzmán	Commercial sexual exploitation is related to drug use, family negligence, psychiatric disorders, school dropout and poverty. Adherence to treatment is less than expected as the victim reoccurs.
2011	Olaitan	The differences between men and women regarding consensual sex, contraception and induced abortion imply the use of devices as an instrument of contraception if the relationships are occasional and infrequent
2011	Petracci	In the opposite cases, coitus interruptus is the most prevalent sexual practice in men with a significant affective commitment
2011	Rivers	Studies on commercial sexual exploitation tend to focus the problem as trafficking in women, although they justify the idea of trafficking in persons, they do not support the conditions of exploitation or sexual slavery since the interviews with those who exemplify the cases emphasize the victims' will of prostitution to pay their debts or constraints.
2011	Rodríguez and Mayol	Pregnancy decisions are based on criteria that determine indolence or support for abortive practice
2011	Serrano	Men and women evaluate their partner maternally or paternally as the case may be. A positive evaluation implies shared decisions. On the other hand, a negative self-evaluation determines a decision delegated to the couple. Emergency contraception was the ideal instrument to prevent unwanted pregnancies, the frequency of prescription of the pill increased 20%, It showed an increase in knowledge about emergency abortion prescription in relation to years of medical residency. To the extent that the residence time increased, a greater percentage of knowledge about emergency abortion prescription was observed.
2011	Silva, Ashton and McNeil	In general, a relationship perceived as external to personal interests and purposes increases the possibilities of delegating the decision to women
2011	Whelan et al.,	Emergency contraception pills (PCE) were unknown because of their effectiveness, administration, function and access. The younger ones considered that the PCE do not prevent pregnancy, ignore that they can acquire it without a prescription and take it after 12 hours of sexual activity.
2012	Méndez, Rojas and Moreno	Psychological, group and sociocultural factors explain the meanings of commercial sexual exploitation.
2012	Noblega	They established statistical similarities between physical violence and emotional violence with respect to age, educational level, and occupation.
2012	Pando, Aranda and Olivares	It established two factors related to mobbing and sexual harassment in the workplace in which psychological abuse was prevalent over the systematization of harmful effects.

2012	Piaroza et al.,	Abortion is defined by the type of relationship, duration, strengths, expectations and economy
2012	Shelat,	The process that goes from contraceptive incompetence to abortive practice also implies a public
	Hihoriya and	dimension in which men express themselves by the freedom of decision of women to choose or not to
	Kumbar	interrupt their pregnancy
2012	Nurseries and	However, the decision of pregnancy is also influenced by the evaluation of the relationship that being
	Navia	qualified as little would be an incentive for abortive practice
2013	Cosmas	Side effects were considered as the main effect of contraceptive pills. Women following matriarchal
		contraception advice can be induced to use other traditional and modern methods.
2013	Giraldo	Delimiting the concepts of youth and sexuality to commercial dimensions ignores factors related to
		expressiveness.
2013	Hernandez	Migrant women are discriminated against because they are foreigners and because of their gender, both
		segregations make them vulnerable to human trafficking. The trafficker uses the family of the victims to
		establish a relationship of ownership.
2013	Hurt	Once puberty was over, adolescents ceased to be influenced by their parents' discourses on sexuality and
		were largely persuaded by the lifestyles and risk behaviors of their friends or classmates.
2013	Jouen and	57% of tourists were European, 29% declared to prevent sexual exploitation due to their social values,
	Zielinski	44% would use the anonymous report as an instrument of prevention. However, 48% do not know the
		punitive norms of sexual exploitation.
2013	Méndez	The recruitment mode was a job offer. Often a relative or close friend whom the victim trusts is used for
		recruitment. The victims were transported by public transport. the fear of reprisals with the victim or his
		relatives inhibited the escape. The judicial system is perceived as corrupt and collided with
		traffickers. Social exclusion was assumed as a punishment of the community in the situation of
		commercial sexual exploitation. The experiences of exploitation are assumed as a motivation to
		overcome.
2013	Rodriguez	Social services provide experiences and sufferings that are not favorable to adherence to treatment. From
		the quality of the services it is possible to anticipate the suffering in two areas; 1) the suffering of the
		disease and 2) the psychological consequences of the condition.
2014	Afanador	They established beliefs in favor of the taboo regarding sexuality and conversations between parents and
		children with respect to the psychosexual development of their children, only families with professional
		training by the mother disseminated information alluding to sexuality
2014	Perdomo	79% of the women and 89% of the spouses were habitual consumers of alcohol and they developed
		violence in 31% of the cases towards women and 22% of the cases towards men.
2014	Zambrano	They found two internal and external structures related to the empirical taxonomies of signs, symptoms
	and Meneses	or abnormal behaviors and disorders.

Source: self-made

In this sense, a model for the study of an outbreak of dermatological contamination involves intervention strategies from Social Work in basic education institutions such as the Mckendrick propagation model, although the integration of other models explains the problem of contagion and the scenarios future treatment, recontact and prevention, warning the need to carry out prevention strategies and promotion of disease-free lifestyles, as well as individual self-care as collective co-responsibility (Bautista et al., 2017) .

The history of public health, health policies and dermatological programs, and strategies for the prevention and promotion of health are areas of multidisciplinary research and knowledge in which Social Work acquires greater relevance by establishing an approach with vulnerable groups such as the infants (Abreu, 2009) .

It is estimated that the costs of treatment are greater than the prevention costs, since for every peso spent in the treatment of illnesses or accident care a penny would be spent on prevention. In this sense, both areas, promotion of health and social care of diseases, pandemics or epidemics are central issues of management and administration in health policies (Carballeda, 2004).

That is to say that the participation of the groups affected is increasingly significant in the measure in which they develop lifestyles and self-care strategies of their personal and collective health. Precisely, in this phase the dialogue between specialized institutions and citizens is a problematic hinge in the achievement of objectives, preparation of tasks and achievement of goals in the short, medium and long term by health professionals in general and health professionals. Social Work in particular (Carballeda, 2006).

In this way, the governance of dermatological health will be understood as a set of policies for the inclusion of governmental and social actors in the face of a public health problem such as dermatological diseases in vulnerable groups. It is a system of surveillance, monitoring and co- responsibility between the authorities and the potential victims of diseases, epidemics or pandemics (Carballeda, 2008).

Unlike health policies focused on research, specialization and treatment, the governance of dermatological health is low cost, includes all stakeholders and establishes co-responsibility agreements around objectives, tasks and goals established in a medium term (Cheeran and Renjith, 2015).

Such a scenario, the competition of public health professionals and in particular of social workers is of utmost importance, since the strategies are disseminated in the institutions and sectors most affected by dermatological contamination (García, Carreón and Bustos, 2017) .

Exponential function models, Quetelet logistic models, Locka-Volterra function models, McKendrick propagation models and dermatological treatment models are intervention devices for the governance of dermatological health in basic public education institutions with emphasis on the promotion of health and self-care in vulnerable groups (Valdés et al., 2017).

Social Work has gone from models of charity, charity and altruism to models of diagnosis, intervention, participation, management and co-responsibility according to health policies and targeted programs. In this sense, the models used allow the work of dermatological health promotion and the dissemination of innovations aimed at the prevention of diseases in the groups harmed (García, Carreón and Hernández, 2014).

In the case of a skin contamination by pests, the intervention of social work stands out for its capabilities spread of contagion, promoting healthy life styles free of contamination and self-care strategies. These are devices in which the social worker generates information that counteracts beliefs about the spread of diseases such as parasites. (Reid, 2006).

In principle, the exponential function model would allow the anticipation of scenarios of high contagion and health risks in a violated group. Based on these data, the Social Worker of a basic health institution would promote through images the scenario of health deterioration due to the lack of hygiene and daily personal hygiene among the students (Ribeiro et al., 2007).

In the case of the Quetelet logistics model, the Social Work professional would generate an inventory from which potential victims of dermatological contamination would have to adopt preventive lifestyles by reducing their contact with groups at risk of contagion. In this way, the logarithmic results would allow decisions to be made against or in favor of the separation of infected groups and groups at risk, as well as the reprogramming of their activities inside or outside the classroom (Walker, 2015).

For its part, the Locka-Volterra function model would integrate the probable exponential contamination scenarios with the effects of this contamination in the groups with the highest risk and in attention to the low risk groups. In this way, the model would allow to anticipate probable scenarios of a new contamination of dermatology that would be confronted with a systematic and intensive diffusion of strategies of collaboration around the care of the environment for the avoidance of a new outbreak (Way, 2013).

Finally, the McKendrick propagation model, the model best suited to cooperation and solidarity requirements for the governance of dermatological health, includes not only the groups harmed by the disease, but also the future interaction scenarios in which new outbreaks in other groups and the recontage of the first cases would generate a scenario of high risk, but with sufficient information to reduce its exponential and logistical effects (Raudava, 2013).

Based on these models, an integral model was proposed in which the dependency relationships between contagious groups, potential contagious groups, self-care groups,

potential recontacting groups and groups that develop new self-care and revention styles (García, Carreón and Hernández, 2017).

In this scenario, the intervention of social work would not only be for the promotion of health free of infection, but also the dissemination of lifestyles of self-care and cooperation in the prevention of disease. It is a collective health process in which the objective is the avoidance of a new outbreak, or, the reduction to its minimum expression (Carreón et al., 2015).

The contribution of this work to the state of knowledge lies in the formalization of mathematical models for the study of the governance of dermatological health in vulnerable groups. This is a discussion about the scope and limits of the models in order to demonstrate their usefulness in decision making, the establishment of prevention programs and dissemination of self-care styles (Carreón et al., 2016).

METHOD

A documentary study was carried out with a non-probabilistic selection of information sources from international repositories such as Dialnet, Latindex, Redalyc and Scielo, considers the period of publication from 1987 to 2018, as well as the inclusion of the key words : "governance" , "health " And" self-care "(see Table 2).

Table 2. Sample descriptions

<i>Repository</i>	<i>Governance</i>	<i>Health</i>	<i>Self-care</i>
<i>Dialnet</i>	42	32	24
<i>Latindex</i>	31	25	fifteen
<i>Redalyc</i>	22	13	9
<i>Scielo</i>	16	8	3

Source: Prepared with the study data

A matrix of content analysis was constructed, following the Delphi technique: 1) synthesis, 2) contextualization, 3) comparison and 4) integration of the data, which were evaluated by expert judges in the thematic considering -1 for negative information , 0 = for the unlinked information and +1 for the positive information, adding the qualifications and establishing an interpretation criterion (see Table 3).

Table 3. Construction of the content analysis matrix

Category	Definition	Indicators	Measurement	Interpretation
Governance	Refers to shared agreements and responsibilities (Villegas, Rosas and García, 018)	Satos around consensus and agreements between institutional and civil actors	-1 for negative information, 0 for full governance unlinked information and +1 for positive information	A high score refers to full governance
Health	It refers to a biomedical system of management and administration of the quality of life and the subjective well-being of users (García, 2018)	Data concerning diseases, accidents, applications, internships and deaths	-1 for negative information, 0 for stable health unlinked information and +1 for positive information	A high score refers to a stable health
Self-care	Refers to a strategy of adherence to rehabilitation treatment and follow-up (Valdés, Vilchis, Bautista, García y Castro, 2018)	Data related to risk-free living arrangements and lifestyles	-1 for negative information, 0 for preventative well-being and a desirable quality of life unlinked information and +1 for positive information	A high score refers to a preventative well-being and a desirable quality of life

Source: self-made

RESULTS

U n model is a representation of the relationships between the factors advanced in the theoretical, review conceptual and empirical.

The promotion of self-care, indicated by reliability, the setting of the agenda and co-responsibility, supposes an emotional and rational processing of the information concerning a public health problem such as an epidemic or pandemic. This is so because although it is a biochemical phenomenon, it becomes a matter of public health by involving political and civil actors in the objectives, tasks and goals of health professionals, who can have access to the media. of communication, but are replaced by communicators, journalists, drivers, reporters, columnists or informants about the public health problem (hypothesis 1).

In such a scenario, the social reliability that consists of excessive trust and delegation of decision-making power to the authorities intensifies, reflecting an asymmetry between the rulers and the governed in terms of civil protection, sanitary enclosures or medical attention. It is a context in which public health and the promotion of self-care are attributed to the State institutions, but the media are responsible for discrediting in order to suit their interests in audiences (hypothesis 2).

In this way, exacerbated social reliability generates issues such as the vulnerability of civil society to the corruption of its officials, authorities and directors of health institutions. It

is about the establishment of an agenda biased by media information dissemination, almost always centered on state corruption and civil despair, which discredits the actors and generates a vacuum of expectations (hypothesis 3).

However, such a context is ideal for co-responsibility to emerge as a value and norm for those involved. This is a series of actions aimed at assuming a responsible function according to the degree of knowledge and access to the media in which an ideal scenario is the promotion of healthy lifestyles by experts (hypothesis 4).

FINAL CONSIDERATIONS

The contribution of the present work to the state of the question consists in the specification of a model for the study of self-care promotion as a result of a conglomeration of factors that influence health policies and strategies in the face of an epidemic contingency.

However, the type of selection and the type of information analysis limit the contrast of the model to a specific context, which would not include other variables such as knowledge management, production and transfer. It is recommended the extension and deepening of the study from international repositories such as Copernicus, Ebsco, Scopus and WoS, as well as the use of text mining to sophisticate the analysis and to be able to elaborate a model applicable to contexts and samples different from the one described in the present work.

Regarding the theoretical, conceptual and empirical frameworks, which highlight the role of reliability, the agenda and co-responsibility, this work has integrated each of the three factors, but has reduced its application to a very specific context in which the Civil society is dependent on its governments to be exposed to the media that disseminate a scenario of prevailing risk, threat and uncertainty.

Therefore, it is necessary to carry out a study that includes other factors related to state institutionalism and civil participation in prevention campaigns as well as immediate attention to vulnerable groups. In addition, it is advisable to include approximations that explain human behavior in situations of health crisis, or else, theories that describe government action in the face of scarce resources.

Regarding the work of Carreón et al., (2017) in which identity is the hegemonic factor to explain the effects of public health on individual lifestyles, this work warns that the promotion of self-care is a public issue and as such, it is necessary to involve other non-civil or governmental actors to explain the complexity of a public health system.

However, it is advisable to include the theory of social identity in the model to expand its scope to communities that are distinguished by their degree of attachment to the place, their rootedness to the origin and their sense of community.

In contrast, the work of García, Carreón and Hernández (2017) in which the adherence to treatment is the key factor of coincidence among experts, authorities and citizens, the present work warns that social reliability is an adherence to the exaggerated treatment of users of the medical service with respect to their authorities. In that regard, the exclusion of citizens of their own personal and collective health assumes an agenda focused on state protection and care biomedical, sidestepping the importance of the community and the family in treatment or rehabilitation.

However, it is necessary to include adherence to treatment as an indicator of socio-political reliability since both show a scenario of dependence of citizenship with respect to knowledge or management of community or public health services.

If the dependence of civil society on public health institutions consists of medical attention in the face of a contingency and this is reflected in the degree of social reliability as in the adherence to treatment, then the cases of older adults, as groups are violated, should explain the causes of such dependence.

García, Carreón and Bustos (2017) showed that the differences between representations of youth, referring to an exacerbated confidence in the vigor and the presumption of risks, with respect to the representations of old age, indicated by an increase in fatigue and a decrease in the capacity to react, explain the dependence of groups that have been violated and not with their authorities.

In the present work, we prefer to look at reliability as a prelude to the establishment of an agenda that, in symbolic terms, reflects the priorities of the actors with regard to a public health problem, although the incorporation of the representation factor is recommended social to explain the origin of social reliability in matters of health contingencies and hegemony of the corresponding institutions in the promotion of self-care.

The contribution of the present work to the state of the question lies in the specification of a model for the study of self-care, considering the theoretical and empirical frameworks of the literature consulted in a given period and in leading repositories of Ibero-America, but the type of documentary study, the type of intentional sampling and the type of qualitative analysis limit the results to the context of the investigation.

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